



TOWN OF WESTFORD  
BOARD OF HEALTH  
TOWN HALL  
WESTFORD, MASSACHUSETTS 01886  
Phone: 978-692-5509 Fax: 978-399-2558

## Application for the Use, Setting, Placing or Maintenance of Certain Trap Types

Pursuant to the provisions of section 80A, Chapter 131 of the M.G.L. and 321 CMR 2.08, I hereby apply for a permit which authorizes the use, setting, placing or maintenance of certain trap types.

Name \_\_\_\_\_ Date \_\_\_\_\_  
Trap Registration # \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Organization or Firm \_\_\_\_\_

### **The following information supports my request for a permit.**

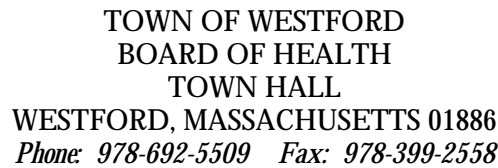
A problem caused by fur bearing mammal(s) exists on the property of:

Owner \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_ Map/Parcel \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Animal Problems (Species & Damage) \_\_\_\_\_

Requested Action or Outcome \_\_\_\_\_

Location of proposed trapping (Address & Map/Parcel)

\_\_\_\_\_



I have attempted to abate the problem using the following trap types for at least 15 consecutive days and also by alternative non-lethal techniques (when appropriate) but these methods have failed to make such abatement:

I certify under the pains and penalties of perjury that the information provided above is true and correct to the best of my knowledge and belief.

Date \_\_\_\_\_